

MEDICARE COST SHARING

Purpose: There are several different programs designed to help clients pay for Medicare premiums, deductibles, and coinsurance.

WAC 388-517-0300 Medicare cost-sharing programs.

- (1) Clients eligible for the following programs receive benefits which help pay their Medicare coverage out-of-pocket costs:
 - (a) The qualified medicare beneficiary (QMB); and
 - (b) The special low-income medicare beneficiary (SLMB) and the expanded special low income Medicare beneficiary (ESLMB); and
 - (c) The Medicare buy-in program; and
 - (d) The qualified disabled working individual (QDWI); and
 - (e) The qualified individual (QI).
- (2) To be eligible for any of these programs, clients must not have countable resources which exceed the resource standard in WAC 388-478-0085(6).
- (3) Clients eligible for or receiving Medicare Part A and meeting the department's income standards have their Medicare Part A and Part B premiums, coinsurance, and deductibles paid for them under the QMB program. A person is income-eligible for QMB:
 - (a) When their countable income does not exceed the standard in WAC 388-478-0085(1); or
 - (b) When they meet the requirements of subsection (a) if their annual Social Security cost-of-living increase is not counted as income until April 1 of each year.
- (4) Clients eligible for or receiving Medicare Part A benefits and meeting the department's income standards have their Part B Medicare premium paid for them under the SLMB or ESLMB program. In determining eligibility for SLMB or

ESLMB, the annual Social Security cost-of-living increase is not counted as income until April 1 of each year. A person is income-eligible:

- (a) For SLMB when their countable income is within the range specified in 388-478-0085(2);
- (b) For ESLMB when:
 - (i) Their countable income is within the range specified in WAC 388-478-0085(3); and
 - (ii) They are not otherwise eligible for categorically needy (CN) or medically needy (MN) coverage; and
 - (iii) Until December 31st of each year or until the date that the annual allotment of federal funds is exhausted.
- (5) Clients who are eligible for categorically needy (CN) or medically needy (MN) medical coverage, but not eligible for QMB or SLMB programs may be eligible for a third Medicare cost-sharing program. If they are eligible for or receiving Medicare Part A coverage, they receive the state-funded buy-in program. Under the buy-in program the department pays the following:
 - (a) Their Medicare Part A premiums, if any; and
 - (b) Their Medicare Part B premiums; and
 - (c) Their Medicare Part B coinsurance, and deductibles.
- (6) Clients who are not eligible for QMB, SLMB or buy-in may be eligible for assistance with their Medicare out-of pocket costs. Clients who meet the following conditions have their Medicare Part A premium(s) paid for them under the QDWI program. A person is income-eligible for QDWI when:
 - (a) They are not otherwise eligible for CN or MN medical coverage; and
 - (b) They are eligible for Medicare Part A; and
 - (c) Their countable income does not exceed the standard in WAC 388-478-

0085(4).

- (7) Persons not eligible for any other Medicare cost-sharing program discussed in this section may receive compensation of one dollar and seven cents per month under the QI program. Total reimbursement is limited to the amount of money made available for this program from the federal government. The benefit is payable annually as partial reimbursement of their Medicare Part B premiums. A person is income-eligible for QI when:
- (a) They are not otherwise eligible for CN or MN medical coverage; and
 - (b) Their countable income does not exceed the standard in WAC 388-478-0085(5).

CLARIFYING INFORMATION

1. For QMB, SLMB, ESLMB or Buy-In, a person need only have Medicare Part A be available to them. They do not have to be receiving it (enrolled) at the time of application to receive benefits. However, to receive retroactive certification, the client must have been enrolled in Medicare Part A for each retroactive month.

Note: Persons may have elected not to receive Medicare Part A due to the premium costs. When the department is willing to pay those premiums, the person is able to take advantage of the benefit.

2. The order of consideration for Medicare cost-sharing programs is important so that federal funds are applied for in the appropriate amounts:
 - a. QMB
 - b. SLMB or ESLMB
 - c. Buy-In
 - d. QDWI
 - e. QI

WORKER RESPONSIBILITIES

1. Eligibility for the QI program is determined only by the Medical Assistance Administration. Field workers are responsible for determining eligibility for all other Medicare cost-sharing programs.
2. Inform possible QI clients that they can call either 1-800-562-3022 (1-800-848-5429 TDD), MAA Customer Service, for more information on the QI program. There is an application form available.

ACES PROCEDURES FOR MEDICARE COST SHARING:

The Medicare Cost Sharing programs are:

S03 - QMB

S04 - QDWI

S05 - SLMB

___ - ESLMB (to be available on an ACES release)

A. Medicare Part A

Clients who receive Medicare Part A or Part A and Part B must have a separate medical assistance unit opened regardless of whether the client is only receiving Medicare Cost Sharing assistance or is also eligible for Medicaid. Any program that has eligibility based on Medicare Part A must have:

1. [Y] entered in the (Medicare Part A) field on the (CIRC) screen during Screening. See **APPLICATIONS**;
2. [Y] entered in the (Medicare Part A) field on the client's (DEM2) screen; and
3. A completed (TPL1) screen.

B. Medicare Part B

Clients who receive Medicaid and receive or are eligible for Medicare Part B are accreted to the Buy-In system. The state then pays their premiums out of state-only dollars. The process assumes that the client is not eligible for QMB or SLMB. Under Buy-In, it is not necessary to create a new medical coverage group for eligibility. The Medicaid coverage group is sufficient. However, a (TPL1) screen

must be completed.

C. Program Information

1. **QMB**
The benefits for Qualified Medicare Beneficiary program begin the month after the first month of eligibility. There is no retroactive medical coverage for QMB. Two (TPL1) screens are required, one for Part A and one for Part B.
2. **QDWI**
Eligibility for the Qualified Disabled and Working Individuals program begins the first of the month the client is eligible for QDWI and is enrolled in Part A. No MAID is generated. Retroactive medical can be authorized up to three months prior to the month of application as long as the client was enrolled in Part A during that time. One (TPL1) screen is required for Part A.
3. **SLMB**
Eligibility for the Special Low Income Medicare Beneficiary program begins the first of the month the client becomes eligible for Part B coverage. No MAID is generated. Retroactive medical can be authorized up to three months prior to the month of application as long as the client was enrolled in Part A. One (TPL1) screen is required for Part B.
4. **ESLMB**
The ACES information was not available at the time of manual publication. Look to an ACES release for specific instructions.
5. **QI**
There are no plans to support QI within ACES in the foreseeable future.

D. Coding the Third Party Liability (TPL) Screens to Support Medicare Cost-Sharing

The (TPL1) screens are accessed from the client's (DEM2) screen. The (TPL1) screen may be updated by MMIS during the monthly interface or by the worker. Any information entered cannot be changed or deleted by the worker. To inquire on the client's TPL or to enter Medicare information, press <F22>.

1. For Medicare Part A, code the (TPL1) screen as follows:

Carr Code = [MEDA]

Policy Effective Date - From = Date SSI/SSA benefits began (located on BENDEX or Medicare card)

Policy Effective Date - To = Leave blank if currently receiving Medicare

Policy Number = Must match claim number on (UINC) screen

Paid By = If BIC is J, K, or M leave blank; if anything else enter [MA]

2. For Medicare Part B, code the (TPL1) screen as follows:

Carr Code = [MEDB]

Policy Effective Date - From = Date SSI/SSA benefits began (located on BENDEX or Medicare card)

Policy Effective Date - To = Leave blank if currently receiving Medicare

Policy Number = Must match claim number on (UINC) screen

Paid By = [WA]

3. For additional (TPL1) screens, enter a [Y] in the (More Policies) field of the (TPL1).

E. Recertification Tips

The certification period for QMB, SLMB and QDWI is 12 months. Buy-in has no separate certification period. ESLMB will be certified until the end of the current calendar year. At the end of the certification period, eligibility must be redetermined and a recertification completed in ACES. See **ELIGIBILITY REVIEWS AND RECERTIFICATION** for more detail. **Exception:** Clients who receive S01 and a Medicare Cost Sharing program do not need to be recertified unless their SSI benefits are terminated.